



## Minnesota Pollution Control Agency

# MS4 Annual Report for 2014

**Reporting period:** January 1, 2014 to December 31, 2014

**Due:** June 30, 2015

**Instructions:** Complete this annual report to provide a summary of your activities under the 2013 MS4 Permit (Permit) between January 1, 2014 and December 31, 2014. You may provide additional explanation and/or information in an email with the subject *YourMS4NameHere\_2014AR* to [ms4permitprogram.pca@state.mn.us](mailto:ms4permitprogram.pca@state.mn.us). MPCA staff may also contact you for additional information.

**Questions:** Contact Cole Landgraf (651-757-2880, [cole.landgraf@state.mn.us](mailto:cole.landgraf@state.mn.us)) or Rachel Stangl (651-757-2879, [rachel.stangl@state.mn.us](mailto:rachel.stangl@state.mn.us)).

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### MS4 General Contact Information

**Information to provide:** Last name, First name, Title, Mailing address, City, State, Zip code, Phone, Email.

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### MCM 1: Public Education and Outreach

The following questions refer to Part III.D.1. of the Permit.

2. Did you select a stormwater-related issue of high priority to be emphasized during this permit term? [Part III.D.1.a.(1)] **Yes, No**
3. If 'Yes,' what is your stormwater-related issue(s)? Check all that apply. **TMDLs, Local Businesses, Residential BMPs, Pet waste, Yard waste, Deicing materials, Household chemicals, Construction Activities, Post-construction activities, Other: describe.**
4. Did you begin to educate the public on illicit discharge recognition and reporting? [Part III.D.1.a.(2)] **Yes, No**
5. How did you distribute educational materials or equivalent outreach? Check all that apply and provide circulation/audience associated with each item. [Part III.D.1.a.] **Brochure, Newsletter, Utility bill insert, Newspaper ad, Radio ad, Television ad, Cable access channel, Stormwater-related event, School presentation or project, Website, Other: describe.**

6. For the above checked in Q5, what is the intended audience? Check all that apply. **Residents, Local Businesses, Developers, Students, Employees, Other.**

7. For the above checked in Q5, enter the total circulation/audience (if unknown, use best estimate)

For questions 8 and 9, provide a brief description of each activity related to public education and outreach (e.g. rain garden workshop, school presentation, public works open house) held and the date each activity was held from January 1, 2014 to December 31, 2014. [Part III.D.1.c.(4)]

8. Date of activity

9. Description of activity

10. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your public education and outreach program? [Part IV.B.] **Yes, No**  
If '**Yes**,' describe these modifications.

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## MCM 2: Public Participation/Involvement

The following questions refer to Part III.D.2.a. of the Permit.

11. You must provide a minimum of one opportunity each year for the public to provide input on the adequacy of your Stormwater Pollution Prevention Program (SWPPP). Did you provide this opportunity between January 1, 2014 and December 31, 2014? [Part III.D.2.a.(1)] **Yes, No**

12. If '**Yes**,' What was the opportunity that you provided? Check all that apply. **Public meeting, Public event, Other.**

13. If '**Public meeting**,' did you hold a stand-alone meeting or combine it with another event?  
**Stand-alone, Combined**

Enter the date of the public meeting.

Enter the number of citizens that attended and were informed about your SWPPP.

14. If '**Public event**' in Q12, describe.

Enter the date of the public meeting.

Enter the number of citizens that attended and were informed about your SWPPP.

15. If '**Other**' in Q12, describe.

Enter the date of the public meeting.

Enter the number of citizens that attended and were informed about your SWPPP.

16. Between January 1, 2014 and December 31, 2014, did you receive any input regarding your SWPPP? **Yes, No**

Enter the total number of individuals or organizations that provided comments on your SWPPP.

17. If '**Yes**' in Q16, did you modify your SWPPP as a result of written input received? [Part III.D.2.b.(2)] **Yes, No**  
If '**Yes**' in Q17, describe those modifications.
18. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your public participation/involvement program? [Part IV.B.] **Yes, No**  
If '**Yes**,' describe those modifications.
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### **MCM 3: Illicit Discharge Detection and Elimination**

The following questions refer to Part III.D.3. of the Permit.

19. Between January 1, 2014 and December 31, 2014, did you update your regulatory mechanism(s) which prohibits non-stormwater discharges to your MS4? **Yes, No**
20. Between January 1, 2014 and December 31, 2014, what was the status of this regulatory mechanism(s)? **Not yet started, Research, Development, Current regulatory mechanism sufficient.**  
Optional, describe status.
21. Did you identify any illicit discharges between January 1, 2014 and December 31, 2014? [Part III.D.3.h.(4)] **Yes, No**
22. If '**Yes**' in Q21, enter the number of illicit discharges detected.
23. If '**Yes**' in Q21, how did you discover these illicit discharges? Check all that apply and enter the number of illicit discharges discovered by each category. **Public complaint, Staff**
24. If '**Public complaint**' in Q23, enter the number discovered by the public.
25. If '**Staff**' in Q23, enter the number discovered by staff.
26. Did any of the discovered illicit discharges result in an enforcement action (this includes verbal warnings)? **Yes, No**
27. If '**Yes**' in Q26, what type of enforcement action(s) was taken and how many of each action were issued between January 1, 2014 and December 31, 2014? Check all that apply. **Verbal warning, Notice of violation, Fines, Criminal action, Civil penalties, Other: describe.**  
For each of the above checked, enter the number that were issued.
28. If '**Yes**' in Q26, did the enforcement action(s) taken sufficiently address the illicit discharge(s)? **Yes, No**
29. If '**No**' in Q28, why was the enforcement not sufficient to address the illicit discharge(s)?
30. Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your illicit discharge regulatory mechanism(s)? [Part III.B.] **Yes, No**

31. If '**No**' in Q30, Between January 1, 2014 and December 31, 2014, what was the status of your ERPs? **Not yet started, Research, Development.**  
Optional, describe status.
32. Did you train all field staff in illicit discharge recognition (including conditions which could cause illicit discharges) and reporting illicit discharges for further investigations? [Part III.D.3.e.] **Yes, No**
33. If '**Yes**' in Q32, how did you train your field staff? Check all that apply. **Email, PowerPoint, Presentation, Video, Field Training, Other: describe.**

The following questions refer to Part III.C.1. of the Permit.

34. Did you update your storm sewer system map between January 1, 2014 and December 31, 2014? [Part III.C.1.] **Yes, No**
35. Does your storm sewer map include all pipes 12 inches or greater in diameter and the direction of stormwater flow in those pipes? [Part III.C.1.a.] **Yes, No**
36. Does your storm sewer map include outfalls, including a unique identification (ID) number and an associated geographic coordinate? [Part III.C.1.b.] **Yes, No**
37. Does your storm sewer map include all structural stormwater BMPs that are part of your MS4? [Part III.C.1.c.] **Yes, No**
38. Does your storm sewer map include all receiving waters? [Part III.C.1.d.] **Yes, No**
39. In what format is your storm sewer map available? **Hardcopy only, GIS, CAD, Other: describe.**
40. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your illicit discharge detection and elimination (IDDE) program? [Part IV.B.] **Yes, No**  
If '**Yes**,' describe those modifications.

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#### **MCM 4: Construction Site Stormwater Runoff Control**

The following questions refer to Part III.D.4. of the Permit.

41. Between January 1, 2014 and December 31, 2014, did you update your regulatory mechanism to be at least as stringent as the Agency's general permit to Discharge Stormwater Associated with Construction Activity (CSW Permit) No. MN R100001 (<http://www.pca.state.mn.us/index.php/view-document.html?gid=18984>) for erosion and sediment controls and waste controls? [Part III.D.4.a.] **Yes, No**

42. If no in Q41, Between January 1, 2014 and December 31, 2014, what was the status of this regulatory mechanism? **Not yet started, Research, Development, Current regulatory mechanism sufficient.**  
Optional, describe status.
43. Have you developed written procedures for site plan reviews as required by the Permit? [Part III.D.4.b.] **Yes, No**
44. Have you documented each site plan review as required by the Permit? [Part III.D.4.f.] **Yes, No**
45. Enter the number of site plan reviews conducted for sites an acre or greater between January 1, 2014 and December 31, 2014:
46. What types of enforcement actions do you have available to compel compliance with your regulatory mechanism? Check all that apply and enter the number of each used from January 1, 2014 to December 31, 2014. **Verbal warnings, Notice of violation, Administrative orders, Stop-work orders, Fines, Forfeit of security of bond money, Withholding of certificate of occupancy, Criminal actions, Civil penalties, Other: describe.**  
For each of the above checked, enter the number of enforcement actions issued.
47. Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your construction site stormwater runoff control regulatory mechanism(s)? [Part III.B.] **Yes, No**
48. If No in Q47, Between January 1, 2014 and December 31, 2014, what was the status of your ERPs? **Not yet started, Research, Development**  
Optional: describe status.
49. Enter the number of active construction sites an acre or greater that were in your jurisdiction between January 1, 2014 and December 31, 2014.
50. Do you have written procedures for identifying priority sites? [Part III.D.4.d.(1)] **Yes, No**
51. If Yes in Q50, How are sites prioritized? Check all that apply. **Site topography, Soil characteristics, Types of receiving water(s), Stage of construction, Compliance history, Weather conditions, Other: describe.**
52. Do you have a checklist or other written means to document site inspections when determining compliance? [Part III.D.4.d.(4)] **Yes, No**
53. Enter the number of site inspections conducted for sites an acre or greater between January 1, 2014 and December 31, 2014.
54. Enter the frequency at which site inspections are conducted (e.g. daily, weekly, monthly). [Part III.D.4.d.(2)]
55. Enter the number of trained inspectors that were available for construction site inspections between January 1, 2014 and December 31, 2014.

56. Provide the contact information for the inspector(s) and/or organization that conducts construction stormwater inspections for your MS4. List your primary construction stormwater contact first if you have multiple inspectors. **Information to provide:** Inspector name, Organization, Phone (Office), Phone (Work cell), Email, Preferred contact method.
57. What training did inspectors receive? Check all that apply. **University of Minnesota Erosion and Stormwater Management Certification Program, Qualified Compliance Inspector of Stormwater (QCIS), Minnesota Laborers Training Center Stormwater Pollution Prevention Plan Installer or Supervisor, Minnesota Utility Contractors Association Erosion Control Training, Certified Professional in Erosion and Sediment Control (CPESC), Certified Professional in Stormwater Quality (CPSWQ), Certified Erosion, Sediment and Storm Water Inspector (CESSWI), Other: describe.**
58. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your construction site stormwater runoff control program? [Part IV.B.] **Yes, No**  
If 'Yes,' describe those modifications.
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## **MCM 5: Post-Construction Stormwater Management**

The following questions refer to Part III.D.5. of the Permit.

59. Between January 1, 2014 and December 31, 2014, did you update your regulatory mechanism(s) to incorporate all requirements as specified in Part III.D.5.a. of the Permit? **Yes, No**
60. If No in Q59, Between January 1, 2014 and December 31, 2014, what was the status of this regulatory mechanism? **Not yet started, Research, Development, Current regulatory mechanism sufficient.**  
Optional: describe status.
61. What approach are you using, or planning to use, to meet the performance standard for Volume, Total Suspended Solids (TSS), and Total Phosphorus (TP) as required by the permit? [Part III.D.5.a.(2)] Check all that apply. Refer to the link <http://www.pca.state.mn.us/index.php/view-document.html?gid=17815> for guidance on stormwater management approaches. **Retain a runoff volume equal to one inch times the area of the proposed increase of impervious surfaces on-site, Retain the post-construction runoff volume on site for the 95<sup>th</sup> percentile storm, Match the pre-development runoff conditions, Adopt the Minimal Impact Design Standards (MIDS), An approach has not been selected, Other methods (Must be technically defensible—e.g. based on modeling, research and acceptable engineering practices).**  
If 'Other methods,' describe.
62. Do you have written Enforcement Response Procedures (ERPs) to compel compliance with your post-construction stormwater management regulatory mechanism(s)? [Part III.B.] **Yes, No**
63. If no in Q62, Between January 1, 2014 and December 31, 2014, what was the status of your ERPs? **Not yet started, Research, Development.**  
Optional: describe status.

64. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your post-construction stormwater management program? [Part IV.B.]

**Yes, No**

If '**Yes**,' describe those modifications.

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## **MCM 6: Pollution Prevention/Good Housekeeping for Municipal Operations**

The following questions refer to Part III.D.6. of the Permit.

65. Enter the total number of **structural stormwater BMPs, outfalls** (excluding underground outfalls), and **ponds** within your MS4 (exclude privately owned).

66. Enter the number of **structural stormwater BMPs, outfalls** (excluding underground outfalls), and **ponds** that were inspected from January 1, 2014 to December 31, 2014 within your MS4 (exclude privately owned). [Part III.D.6.e.]

67. Have you developed an alternative inspection frequency for any structural stormwater BMPs, as allowed in Part III.D.6.e.(1) of the Permit? **Yes, No**

68. Based on inspection findings, did you conduct any maintenance on any structural stormwater BMPs? [Part III.D.6.e.(1)] **Yes, No**

69. If '**Yes**' in Q68, briefly describe the maintenance that was conducted.

70. Do you own or operate any stockpiles, and/or storage and material handling areas? [Part III.D.6.e.(3)] **Yes, No**

71. If '**Yes**' in Q70, did you inspect all stockpiles and storage and material handling areas quarterly? [Part III.D.6.e.(3)] **Yes, No**

72. If '**Yes**' in Q71, based on inspection findings, did you conduct maintenance at any of the stockpiles and/or storage and material handling areas? **Yes, No**

73. If '**Yes**' in Q72, briefly describe the maintenance that was conducted

74. Between January 1, 2014 and December 31, 2014, did you modify your BMPs, measurable goals, or future plans for your pollution prevention/good housekeeping for municipal operations program? [Part IV.B.] **Yes, No**

If '**Yes**,' describe those modifications.

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## Discharges to Impaired Waters with a USEPA-Approved TMDL that Includes an Applicable WLA

If you have been assigned a Waste Load Allocation (WLA) in a Total Maximum Daily Load (TMDL) that was approved by the USEPA prior to August 1, 2013, and were not meeting WLA(s) at the time of your permit application, you must complete the **TMDL Annual Report Form**, available at: [http://stormwater.pca.state.mn.us/index.php/Forms\\_and\\_guidance\\_for\\_TMDLs](http://stormwater.pca.state.mn.us/index.php/Forms_and_guidance_for_TMDLs). Attach your completed TMDL Annual report form to the actual Annual Report as instructed within that document. [Part III.E.]

76. *question blank to attach file*

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### Alum or Ferric Chloride Phosphorus Treatment Systems

The following questions refer to Part III.F.3.a. of the Permit. Provide the information below as it pertains to your alum or ferric chloride phosphorus treatment system.

77. Date(s) of operation

78. Chemical(s) used for treatment

79. Gallons of alum or ferric chloride treatment

80. Gallons of water treated

81. Calculated pounds of phosphorus removed

82. Any performance issues and corrective action(s), including date(s) when corrective action(s) were taken, between January 1, 2014 and December 31, 2014.

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### Partnerships

83. Did you rely on any other regulated MS4s to satisfy one or more permit requirements? **Yes, No**

84. If 'Yes' in Q83, describe the agreements you have with other regulated MS4s and which permit requirements the other regulated MS4s help satisfy: [Part IV.B.6.]



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## Additional Information

If you would like to provide any additional files to accompany your annual report, use the space below to upload those files. For each space, you may attach one file.

85. *question left blank to attach file*

86. *question left blank to attach file*

87. *question left blank to attach file*

88. Optional, describe the file(s) uploaded.

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## Owner or Operator Certification

The person with overall administrative responsibility for SWPPP implementation and Permit compliance must certify this MS4 Annual Report. This person must be duly authorized and should be either a principal executive (i.e., Director of Public Works, City Administrator) or ranking elected official (i.e., Mayor, Township Supervisor).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete (Minn. R. 7001.0070). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment (Minn. R. 7001.0540).

☐ Yes

By typing my name in the following box, I certify the above statements to be true and correct, to the best of my knowledge, and that information can be used for the purpose of processing my MS4 Annual Report.

Name

Title

Date